

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Principles Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00544387		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report			<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		
			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 08 / 2013</div> </div>		

  

Full Name of Payee <b>Galloway Pictures, LLC</b>			Date of Public Distribution/Dissemination		
Mailing Address 2312 Middleton Drive			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 07 / 2013</div> </div>		
City North Little Rock	State AR	Zip Code 72116	Amount 15000.00		
Purpose of Expenditure Media Production for 10/07/13 Wyoming Ad		Category/Type 004	<b>Transaction ID : SE.4152</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">09 / 04 / 2013</div> </div>		
Name of Federal Candidate ELIZABETH (LIZ) CHENEY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WY		
<div style="border: 1px solid black; padding: 2px; width: 150px;">         0.00       </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <b>The Wickers Group</b>			Date of Public Distribution/Dissemination		
Mailing Address 1819 Polk Street #373			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 07 / 2013</div> </div>		
City San Francisco	State CA	Zip Code 94109	Amount 60000.00		
Purpose of Expenditure Television Advertising for 10/07/13 Wyoming Ad		Category/Type 004	<b>Transaction ID : SE.4153</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">09 / 27 / 2013</div> </div>		
Name of Federal Candidate ELIZABETH (LIZ) CHENEY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WY		
<div style="border: 1px solid black; padding: 2px; width: 150px;">         0.00       </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px;">         75000.00       </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px;"> </div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cale Turner

Signature \_\_\_\_\_

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

01 / 30 / 2014

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>American Principles Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00544387	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 10 / 08 / 2013	

Full Name of Payee <b>The Wickers Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2013	
Mailing Address 1819 Polk Street #373		Amount 80000.00	
City San Francisco	State CA	Zip Code 94109	Transaction ID : SE.4222
Purpose of Expenditure Television Advertising for 10/07/13 Wyoming Ad	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2013	
Name of Federal Candidate ELIZABETH (LIZ) CHENEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	155000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cale Turner

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 30 / 2014

Signature